Foster Family Home - Corrective Action Report Provider ID: 1-575087 **Home Name:** Lynn Agno, CNA Review ID: 1-575087-4 91-1006 Ae Ae Street Reviewer: Ewa Beach Н 96706 11/15/2016 Begin Date: 11/7/2016 End Date: Foster Family Home Required Certificate 6.(d)(1)Comply with all applicable requirements in this chapter; and Comment: 6 (d)(1) Home visit made on 11/7/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/7/2016. 6 (d)(1) see applicable sections of this review. Foster Family Home Personnel and Staffing Have a current tuberculosis clearance that meets department of health guidelines; and 41.(b)(7) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary 41.(b)(8) resuscitation, and basic first aid. Tuberculosis clearances that meet department of health guidelines; and 41.(f)(1) Comment: 41.(b)(7) CG#1 lapsed on TB clearance due on/before 7/15/16 done on 11/2/16 and CG#2 lapsed on TB clearance due on/before 7/24/16 done on 11/1/16. 41.(b)(8) CG#1 and CG#2 lapsed on First Aid and CPR due on/before 3/5/16 done on 9/22/16. 41.(f)(1) HHM#1 lapsed on TB clearance due on/before 7/15/16 done on 11/1/16

Compliance Manager

Primary Care Giver

Date

11/7/16

Date

Page 1 of 1

11/7/2016 18:45 PM

November 8,2016

41.60(7)

TB Clearance will not lapse. CG#122

This will not happen again in the future because the home will keep track with a home log & on the all phone calendar for all requirements before due date.

(1.Ct)(1)

HHM Will not lapse TB Clearance This will not happen again in the future because the home will Keep track with a log & on the phone calendar for all. regnirements before due date.

. (6)(8)

CG#192 inll not lapse in CPR & First Aid Certifications in the future because the home will now use the Phone Calendar to keep track of all requirements before due date. gned: Symply no tr 91-1006 Ae Ae St. d 5.11 Rosel Ht. 915706